

ADMINISTRATOR IN TRAINING (AIT) EVALUATION REPORT

Please submit this report 10 days after the completion of the AIT's 1,000 hours training program, change in preceptor, facility, or stop, suspension, or termination of Program.

FOR OFFICE USE ONLY

DATE _____

REVIEWER _____

PLEASE PRINT CLEARLY IN BLUE INK OR TYPE

AIT'S NAME (LAST)	(FIRST)	(MIDDLE)	AIT NUMBER
PRECEPTOR'S NAME (LAST)	(FIRST)	(MIDDLE)	NHA LICENSE NUMBER
FACILITY NAME	FACILITY TELEPHONE NUMBER	FACILITY FAX NUMBER	
FACILITY ADDRESS (STREET AND NUMBER)	(CITY)	(STATE)	(ZIP CODE)

FIRST QUARTER – Total AIT training hours for the quarter ____ Start Date ____/____/____ Ending Date ____/____/____
 Actual hours per week of supervised training _____

PROGRAM CHANGE(S) THIS QUARTER (briefly explain in detail):

☐ Supporting documentation attached validating first quarter completion and/or changes.

How would you rate the AIT's Attendance? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

How many hours did you personally train this AIT? _____

Did anyone else assist the AIT with their training? If so, please list name and title.

Please list the training topics that were covered during this quarter?

Do you as the preceptor recommend the AIT progress to the next quarter of training? ☐ Yes ☐ No

If no, please explain _____

Preceptor's Signature _____ Date _____

AIT's Signature _____ Date _____

SECOND QUARTER – Total AIT training hours for the quarter ____ Start Date ____/____/____ Ending Date ____/____/____
 Actual hours per week of supervised training _____

PROGRAM CHANGE(S) THIS QUARTER (briefly explain in detail):

☐ Supporting documentation attached validating second quarter completion and/or changes.

How would you rate the AIT's Attendance? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

How many hours did you personally train this AIT? _____

Did anyone else assist the AIT with their training? If so, please list name and title.

Please list the training topics that were covered during this quarter?

Do you as the preceptor recommend the AIT progress to the next quarter of training? ☐ Yes ☐ No

If no, please explain _____

Preceptor's Signature _____ Date _____

AIT's Signature _____ Date _____

THIRD QUARTER – Total AIT training hours for the quarter ____ Start Date ____/____/____ Ending Date ____/____/____
Actual hours per week of supervised training _____

PROGRAM CHANGE(S) THIS QUARTER (briefly explain in detail):

☐ Supporting documentation attached validating third quarter completion and/or changes.

How would you rate the AIT's Attendance? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

How many hours did you personally train this AIT? _____

Did anyone else assist the AIT with their training? If so, please list name and title.

Please list the training topics that were covered during this quarter?

Do you as the preceptor recommend the AIT progress to the next quarter of training? ☐ Yes ☐ No

If no, please explain _____

Preceptor's Signature _____

Date _____

AIT's Signature _____

Date _____

FOURTH QUARTER – Total AIT training hours for the quarter ____ Start Date ____/____/____ Ending Date ____/____/____
Actual hours per week of supervised training _____

PROGRAM CHANGE(S) THIS QUARTER (briefly explain in detail):

☐ Supporting documentation attached validating fourth quarter completion and/or changes.

How would you rate the AIT's Attendance? ☐ Excellent ☐ Good ☐ Fair ☐ Poor

How many hours did you personally train this AIT? _____

Did anyone else assist the AIT with their training? If so, please list name and title.

Please list the training topics that were covered during this quarter?

Preceptor's Signature _____

Date _____

AIT's Signature _____

Date _____

SUMMARY

1. In general, what is your overall rating of the AIT? ☐ Excellent ☐ Good ☐ Fair ☐ Poor
 2. Does the AIT know the regulatory resources governing nursing homes in California? ☐ Yes ☐ No
 3. Is the AIT ready to participate in the NHA licensure examination? ☐ Yes ☐ No
 4. Does the AIT possess the knowledge, skills and ability to oversee/manage or direct a long term care facility?*
- ☐ Yes ☐ No

ADDITIONAL COMMENTS (Use additional paper if necessary)

This quarterly report has been verified and I/we certify under penalty of perjury that the information obtained is both true and correct.

AIT's Signature _____

Date _____

Preceptor's Signature _____

Date _____

ADMINISTRATOR IN TRAINING (AIT) PERFORMANCE EVALUATION

This is a confidential evaluation of your overall performance during the 1,000 administrator in training program. This information is for you to use as a guide to improve your performance as a future nursing home administrator.

E = EXCELLENT

G = GOOD

F = FAIR

P = POOR

A. ATTITUDE	P	F	G	E
1. Adaptable to changing circumstances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Enthusiastic and positive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Versatile and willing to accept changes in job assignments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Follows facility rules, regulations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Accepts suggestions for work improvement and follows through	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Can be entrusted to perform at the NHA level with minimum supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Cooperates with supervisor and shows respect at all times	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Handles complaints quickly and takes appropriate steps to ensure complaint is not Repeated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B. WORK HABITS				
1. Organizational skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Completes job assignments in a timely manner.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Leadership skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Exercises good judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Performs assignments safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Alert to changing conditions and follows through appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Prioritizes job assignments well – efficient	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Negotiation skills	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Follows regulations governing nursing homes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Knowledgeable of regulatory resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Reviews nursing home functions and ensures compliance with regulatory requirements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Attendance record	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Timely notification of absences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Process confidential request or medical information appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
C. QUALITY OF WORK				
1. Performs job assignments to meet facility standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Copes and performs well in unusual and emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Written and verbal communications clear and understandable	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Ensures that assignments are completed neatly and according to proper regulatory standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. RELATIONSHIP WITH STAFF	P	F	G	E
1. Gets along well with other employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Team player and encourages teamwork	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Maintains professionalism with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Courteous and patient when dealing with staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Willing to help other employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Serves as a resource for staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Keeps staff informed of existing policy/procedures/changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
E. INTERPERSONAL SKILLS				
1. Encourages and creates a positive work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Give and take constructive criticism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Meet changing priorities with a positive attitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Maintains a positive and cooperative work environment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
F. RESIDENT AND FAMILY RELATIONSHIPS				
1. Displays genuine concern for patients and their families concerns/feelings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Respects and honors resident's rights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Does their utmost to maintain resident's dignity and self respect	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Communicates with residents or family members regarding their care or concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Follows "Care Plans" and reports change in resident's conditions promptly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Greets family and others with a smile/friendly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Process confidential requests or medical information appropriately	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Handles complaints assertively	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
OVERALL RATING	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

ADDITIONAL COMMENTS: (Use space provided below and additional paper to commend or correct the AIT's performance for evaluation ratings of Fair or Poor listed above, or to explain termination of the AIT program, or to describe anything not covered by this evaluation,). Please offer specific commendations or recommendations for improvement.

This evaluation has been discussed with me and I/we certify under penalty of perjury that the information obtained in this document is both true and correct.

AIT's Signature

Date

Preceptor's Signature

Date